								_
Please type	a a alue	einn	(+)	insida	this	hov	_	+

PTO/SB/01 (10-00) Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Num	102P03US-1	
		First Named Inventor	B. Malo	
		COMPLETE IF KNOWN		
		Application Number		
Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	7 •:	Filing Date		
	Submitted after Initial	Group Art Unit	-	
	(37 ČFR 1.16 (e))	Examiner Name		

As a below named inventor, I he	reby declare that:						
My residence, mailing address, an	d citizenship are as sta	ted below next to my nan	ne.				
I believe I am the original, first and names are listed below) of the sub	l sole inventor (if only o ject matter which is cla	ne name is listed below) imed and for which a pate	or an original, firs ent is sought on t	t and joint inventor (if plural he invention entitled:			
IN-FIBER CONTINU METHOD	OUSLY CHIRPED	GAIN FLATTENI	NG FILTERS	S AND			
	(1	Title of the Invention)					
the specification of which							
is attached hereto		as United St	tates Application I	Number or PCT International			
was filed on (MM/DD/YYYY)		as officed St	ates Application	Number of PCT international			
Application Number			.00	(if applicable).			
		mended on (MM/DD/YY)	,				
I hereby state that I have reviewed amended by any amendment spe-	d and understand the co cifically referred to above	ontents of the above iden ve.	tified specification	n, including the claims, as			
in-part applications, material inforr	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority ben certificate, or 365(a) of any PCT i America, listed below and have certificate, or any PCT internations	nternational application also identified below.	n which designated at lea by checking the box, at	ist one country of ny foreign applic	ther than the United States of ation for patent or inventor's			
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO			
]	,			
][
1							
Additional foreign application							
I hereby claim the benefit under	35 U.S.C. 119(e) of an	y United States provision					
	35 U.S.C. 119(e) of an		nal application(s)	isted below.			
I hereby claim the benefit under	35 U.S.C. 119(e) of an	y United States provision e (MM/DD/YYYY)	Additional numbers	isted below.			

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

ngggatta ncago

Please type a plus sign (+) inside this box

+ Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR + Correspondence address below							
Name	Shapiro Coh	en .					
Address	P.O. Box 34	40					
Address	Station D				1	· · · · · · · · · · · · · · · · · · ·	
City	Ottawa	·			State	ON	ZIP K1P 6P1
Country .	Canada		Telephon	613	-232-	-5300	Fax 613-563-9231
are believed to made are punis	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SO	OLE OR FIRST INV	ENTOR:			A peti	tion has been fi	led for this unsigned inventor
Given Name (first and middle	Given Name Given Name (first and middle [if any]) Bernard Y. Family Name Malo or Surname						
Inventor's Date 27 June 2001							
Residence: City	/ Gatineau			State P	.Q.	Country CA	Citizenship CA
/ Mailing Address	111 de Rou	ssillon					
Mailing Address	S						
Ga City	ntineau	State	Quebec		ZIP	J8R 3N7	Canada Country
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor							
Given Name Family Name or Surname							
Inventor's Signature Date							
Residence: City State				Country Citizenship			
Malling Address							
Mailing Address							
City		S 4-4-			710		
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

	_ [\neg
Diago has a plus sign (+) inside this hay		+ 1

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	**	
Filing Date	on even date	
First Named Inventor		
Group Art Unit		٠,
Examiner Name		
Attorney Docket Number	702P03US-1	

I hereby appoint: Practitioners at Customer Number OR XX Practitioner(s) named below: Name Harold C. Baker Robert A. Wilkes Robert G. Hendry as my/our attorney(s) or agent(s) to prosecute the application identified to the second sec	Place Customer Number Bar Code Label here Registration Number 19333 28170 22927 Reptified above, and to transact all				
business in the United States Patent and Trademark Office con	nected therewith.				
Please change the correspondence address for the above-identing. The above-mentioned Customer Number. OR	fied application to:				
X Firm or Shapiro Cohen					
Address P.O. Box 3440					
Address Station D					
City Ottawa S	State ON Zip K1P 6P1				
Country Canada_					
Telephone 613-232-5300	Fax 613-563-9231				
I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name Bernard Y. Male					
Signature / Llmax) / W	gnature / Nemau//W				
Date June 27, 2001	/				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
Total of1forms are submitted.					